

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
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41							92						
42							93						
43							94						
44							95						
45							96						
46							97						
47							98						
48							99						
49							100						
50							TOTAL						
TOTAL	NO.	10					TOTAL						
TOTAL	DEP.	17					TOTAL						
TOTAL							TOTAL						

27